MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3315

03284

CERTIFICATE OF DEATH

Reg. Dist. No. 21

Items 9,14 FilmG182 5-31-55 et

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVIERA BEACH

LENGTH OF STAY (in this place) 14 YEARS

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 BAY & HARLEM ROADS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY ANNE ARUNDEL

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVIERA BEACH

STREET ADDRESS (If rural give location) BAY & HARLEM ROADS

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ANN (Last) BARRETT

4. DATE OF DEATH (Month) APRIL (Day) 26 (Year) 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	April 1, 1863	91 92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOME	HOME	IRELAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD F. BARRETT	MARY ANN ~~MOTHER~~ Lyons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	NONE	MRS. MARY DURNER - RIVIERA BEACH MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 10 YEARS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN., 19 54, to APRIL 26, 19 55, that I last saw the deceased alive on APRIL 23, 19 55, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE G. Brady Smith M.D. ADDRESS (Street, city, town, state) RIVIERA BEACH MD DATE SIGNED 4/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BUR.	4-29-55	CREMATORIAL	BALTO

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
4/28/55	Wm. J. French Jr	Jas. L. McCleary 130 S. Ford Ave

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3296

CERTIFICATE OF DEATH

03285

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give location) 63 Anne Arundel General Hosptial

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10 1

STREET ADDRESS 29 Murrayy Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	A	BASIL	APRIL 24, 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	May 25, 1885	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	General Bldg.	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Basil	Anna Deale

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	219-03-6136	Mr. Charles F. Basil, Brother-Annapolis,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Central Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic Vascular Disease ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 4/23 ..., 19 55 ..., to 4/24 ..., 19 55 ..., that I last saw the deceased alive on 4/24 ..., 19 55 ..., and that death occurred at 6.50 P.M., from the causes and on the date stated above.

SIGNATURE Harold K Williams M.D. ADDRESS (Street, city, town, state) Annapolis Md DATE SIGNED 4/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 26, 55	Cedar Bluff Cemetery	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
4-26-55	H. O. Brand	HOPPING FUNERAL HOME ANNAPOLIS, MD

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03286

3297

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 CARVEL HALL HOTEL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS Md. 10

STREET ADDRESS (If rural give location) CARVEL HALL HOTEL

3. NAME OF DECEASED (Type or Print) (First) LEVIN (Middle) HICKS (Last) CAMPBELL

4. DATE OF DEATH (Month) 4 (Day) 13 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
MALE	WHITE	WIDOWER	11-7-1860	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ATTORNEY AT LAW	LAW RET	EASTON MD	U.S.A.

13. FATHER'S NAME: LEVIN HICKS CAMPBELL

14. MOTHER'S MAIDEN NAME: MARY P. JONES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: LEVIN HICKS CAMPBELL JR (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis — yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Deafness, Total

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12/54, to 4/13/55, that I last saw the deceased alive on 4/8, 19 55, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE Frank McKinley M.D. — ADDRESS (Street, city, town, state) 1030-5 Annapolis — DATE SIGNED 4/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	4-15-55	Spring Hill Cemt	Easton	Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE April 14, 1955	M. T. French	John M. Taylor Sons	Annapolis Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03287

3298 **CERTIFICATE OF DEATH**

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY AA — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (In this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater

STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print) (First) DELLA (Middle) A. (Last) DEAN

4. DATE OF DEATH (Month) April (Day) 7 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	White	widowed	July 30 1871	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Painting	Balt MD.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X IMMEDIATE CAUSE (A) Carcinoma lung — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis generalized

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 19 54, to April 7, 19 55, that I last saw the deceased alive on April 6, 19 55, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Emily H. Wilson		Lothian, md	4-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/9/55	Mayo Memorial	Mayo, MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
4/9/55	Elsie Nick Williams	Bernard Hardesty	Galesville Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03288

3299 # CERTIFICATE OF DEATH

Reg. Dist. No. 21-42

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place) 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10 1

STREET ADDRESS (If rural give location) 206 Sycamore Court, USNavSta. Anna

3. NAME OF DECEASED (Type or Print) (First) Joan (Middle) Ann (Last) DOUGLAS

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	Cau	S	6-10-45	9 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dep	Dependent/USN	Washington, D.C.	USA

13. FATHER'S NAME: Robert Biggs (Stepfather)

14. MOTHER'S MAIDEN NAME: Garnet Guard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			USNH Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
816X	IMMEDIATE CAUSE	(A) CEREBRAL EDEMA 334.9	4 days
	ANTECEDENT CAUSE(S) DUE TO	(B) INTRACRANIAL HAEMORRHAGE FOLLOWING INJURY N855	4 days
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-26-55	Craniotomy— No significant findings	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
	Highway	Ritchie Highway	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
April 23 55 1:30 P.M.		Two car collision

22. I hereby certify that I attended the deceased from 4-23, 1955, to 4-27, 1955, that I last saw the deceased alive on 4-27-55, 1955, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

SIGNATURE R.H. Brown R.H. BROWN LCDR MC M.D. — ADDRESS (Street, city, town, state) U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED 27 April 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-29-1955	Arlington National	Arlington, Virginia

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Apr. 28. 55	Louise Campbell Thos. J. French R	W. H. Chambers & Co	Washington, D.C.

03289

3316

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ferndale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 204 Hollins Ferry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale X
STREET ADDRESS (If rural give location) 204 Hollins Ferry Rd. 1

3. NAME OF DECEASED: (Type or Print) (First) WILMER (Middle) K. (Last) DOWNS

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: May 24, 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver

10B. KIND OF BUSINESS OR INDUSTRY: Coastal Tank Line

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William T. Downs

14. MOTHER'S MAIDEN NAME: Amanda V. Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-12-3604

17. INFORMANT & ADDRESS: Ferndale, Md. Mrs. Laura K. Downs-204 Hollins Ferry Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Carcinoma of the Lung - Primary — INTERVAL BETWEEN ONSET AND DEATH 1 month.

ANTECEDENT CAUSE (S) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on April 1, 1955, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE James S. Bellagher M. D. ADDRESS 108 Central Ave Glen Burnie Md DATE SIGNED April 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/7/55	Glen Haven Memorial Park Cem.	A. A. Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-6-55	A. A. Gedney	Wm. J. Tickner & Sons	Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3317

CERTIFICATE OF DEATH

03290

Reg. Dist. No. 24

1. PLACE OF DEATH: 203 - 1st Av.
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie. | LENGTH OF STAY (in this place) Since 1947-
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 - 1st Av.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Same - COUNTY Ad.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie Md.
STREET ADDRESS (If rural give location) 203. 1st Av. -

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Dryden
4. DATE OF DEATH: (Month) April. (Day) 2 (Year) 1955
5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan 6 - 1875
9. AGE last birthday: 80 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Minister -
10b. KIND OF BUSINESS OR INDUSTRY: Ministry
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Littleton Dryden
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Mrs. Edw. Dryden - 203 - 1st Av Glen Burnie Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1
Immediate cause (a) Hemorrhage in Lt Brain — 48 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cardio. Vascular Disease — 10 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1945, to April 2, 1955, that I last saw the deceased alive on April 1, 1955, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE James S. Bellenghea. (Degree or title) MD
ADDRESS 108 Central Av Glen Burnie.
DATE SIGNED April 2

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 5-1955
NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery
LOCATION (City, town, or county) (State) Glen Burnie, Maryland

DATE REC'D BY LOCAL REGISTRAR April 4 1955
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR R. V. Singleton - Glen Burnie, Md.
ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3318

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 03291

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Davidsonville
STREET ADDRESS (If rural, give location) Central Ave.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) R (Last) DUCKETT

4. DATE OF DEATH (Month) APRIL (Day) 11, (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	August 31, 1918	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank S. Duckett	EDNA Downey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No No	?	Mr. Frank S. Duckett-Father- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 434.3	(a) Heart Disease	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Natural	21c. (City or town) (County) (State) Davidsonville, Anne Arundel, Maryland
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY April 11, 55 A M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? Natural causes

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] (ANNAPOLIS) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-12-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 13, 55	Davidsonville Methodist Cemet.	Davidsonville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 12, 1955	Carrie [illegible]	Hopping Funeral Home Annapolis, Md.

Rec'd 4-13-55

: 3319

03292

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A A County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood | LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A A Co.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Harwood. X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Jimmy (Middle) Louis (Last) Duvall
4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	single	1-7-55	3 months yrs.	3			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Prince George Hospital, Maryland
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Ashby Duvall
14. MOTHER'S MAIDEN NAME: Delnes Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Delores Griffith Harwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
571.0 Immediate cause	(a) Pneumonia bronchial -	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Acute Colitis with dehydration -	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Emily H. Wilson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 4-8-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	4-11-55	Chews Chapel	Owensville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 11, 1955	Elsie Wood Williams	William Reese II	108 Washington St Annapolis, Md

2015204386

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **03293**

3320 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Orchard Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 7931 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orchard Beach X
STREET ADDRESS (If rural give location) 7931 Main St. 1

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) SARAH (Last) FISHER

4. DATE OF DEATH: (Month) APRIL (Day) 29 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 21, 1882

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herod Engler

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Orchard Beach Mrs. Millicent Smelser-7931 Main St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Cardio Vascular Disease — 5 years

DUE TO

(c) Coronary Sclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1954, to April 29, 1955, that I last saw the deceased alive on 4/29, 1955, and that death occurred at 12:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Brady Smith M.D. ADDRESS Riviera Beach Md. DATE SIGNED 4/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5/2/55

NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR April 30 1955

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm. J. Dickener & Sons ADDRESS Balto 17 Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3321

CERTIFICATE OF DEATH

03294

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 1yr11mo13days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: ~~Baltimore~~

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ~~[illegible]~~ Baltimore 3Vol-4

STREET ADDRESS (If rural give location): 925 Myrtle Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) - - - (Last) Fouts

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Negro	Widowed	Feb. 2, 1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - -	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Gibson	Ella (maidn name unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	- - -	unknown if any	Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221 IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic myocarditis — Both known to us since admission.

DUE TO (C) Generalized arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. - - - -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- -	- - -	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	- -	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
- - M.		- - -

22. I hereby certify that I attended the deceased from May 11, 19 53, to April 24, 19 55, that I last saw the deceased alive on April 24, 19 55, and that death occurred at 11:40 AM, from the causes and on the date stated above.

SIGNATURE: M. Mueller M.D. — ADDRESS (Street, city, town, state): Crownsville, Maryland — DATE SIGNED: April 24, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-27-55	Mt Auburn Cem	Balto Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
4/26/55	Katherine M. Joyce	Samuel M. Sullivan Jr	Balto

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3300

CERTIFICATE OF DEATH

03295

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis, Md.

LENGTH OF STAY (in this place): 10

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 129 Monticello Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis, Md.

STREET ADDRESS (If rural give location): 129 Monticello Ave. 10 1

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) N. (Last) FRENCH

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Widowed	6/11/1865	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction	Pile Priving	Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Henry French	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No		William H. French # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE(S) DUE TO (B) Generalized arteriosclerosis — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1955, to 4-6, 1955, that I last saw the deceased alive on 4-6, 1955, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

SIGNATURE Edward L Bark M.D. — **ADDRESS** (Street, city, town, state) 11 Lowndes Ave Annapolis — **DATE SIGNED** 4-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4/8/55		Norfolk Va.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE April 11,1955	[signature]	John M. Taylor and Sons	Annapolis, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3391

CERTIFICATE OF DEATH

03296

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 10 Annapolis, Maryland

LENGTH OF STAY (in this place) 9 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Wherry Housing, USNS 42 Alder, Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Maryland 10

STREET ADDRESS (If rural give location) 42 Alder Rd., Wherry Housing, U.S.Naval Station, Annapolis, Md.

3. NAME OF DECEASED (Type or Print) — (First) William — (Middle) David — (Last) GAFFNEY

4. DATE OF DEATH (Month) April (Day) 4 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cauc.	Single	29 April 1953	1 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	USNH, Charleston, S.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William GAFFNEY	Viloa Lillian FOWLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	----	None	Father, Same as #1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X IMMEDIATE CAUSE (A) LACERATION OF BRAIN — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Comminuted fracture of skull - frontal

DUE TO (C) Accident

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
----	-----	YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	Street	Annapolis, Anne Arundel Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work [ ] Not while at work [X]	21f. HOW DID INJURY OCCUR?
April 4, 1955 10:45AM		Run over by U.S. Mail Truck

22. I hereby certify that I attended the deceased from ---- , 19.... , to ---- , 19.... , that I last saw the deceased alive on ---- , 19.... , and that death occurred at 11:10AM from the causes and on the date stated above.

SIGNATURE Walter T. Medic — Walter T. Medic, LTJG MC USNR — **ADDRESS** (Street, city, town, state) U.S.Naval Station, Disp, Annapolis, Md. — **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4-5-1955		Methuen Mass.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
April 5, 1955	H. O. Brand	John M. Taylor Sons	Annapolis Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03297

3322

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort George G. Meade

LENGTH OF STAY (in this place) 7 Months

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Prince Georges

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel 16-41-2

STREET ADDRESS (If rural give location) 620 9th Street ✓

3. NAME OF DECEASED (Type or Print) (First) LYNNETTE (Middle) — (Last) GRIFFIN

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Single	April 28, 1955	0 yrs.			9	45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard L. Griffin	Ernestine Hurt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		—	Mrs. Ernestine Griffin, 620 9th Street Laurel, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 28, 1955, to April 29, 1955, that I last saw the deceased alive on April 29, 1955, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE Herbert L. Needleman — ADDRESS (Street, city, town, state) — DATE SIGNED

HERBERT L. NEEDLEMAN, 1ST LT MC M.D. Fort George G. Meade, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2 May 1955	Post Cemetery	Fort George G. Meade, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
29 April 1955	A. J. GOMBOSH, CAPT. MSC	CHAPLAIN THEODORE OWENS, MAJOR

204525126 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03298

3323

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 8 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 614 - N. Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) William (Last) Hall

4. DATE OF DEATH (Month) April (Day) 19 (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: W. | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married | 8. DATE OF BIRTH: 2/18/82 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Laborer. | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Worcester County, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: Mary Niblett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: 218-07-4456 | 17. INFORMANT & ADDRESS: Mrs. Mamie Hall (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular — Interval Between Onset And Death: +7 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) diseases.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 4/19, 1955, that I last saw the deceased alive on 4/18/55, 19..., and that death occurred at 12-10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Gustave F. Paulsen M.D. | ADDRESS Glen Burnie Md. | DATE SIGNED 4/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 22-55 | NAME OF CEMETERY OR CREMATORY Glen Harvey Cemetery | LOCATION (City, town, or county) (State) Riedel-Hardy & Co

DATE REC'D BY LOCAL REGISTRAR April 21, 1955 | REGISTRAR'S SIGNATURE L. J. D'Alta | 24. FUNERAL DIRECTOR Bernard A Fantz | ADDRESS Glen Burnie Md

VS. A15

3302

Item 18 Film C181 5-10-55 ams

03299
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis, Md. 10
STREET ADDRESS (If rural, give location) 111 Cathedral St. 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KENNETH	E	HAMMOCK	April	20,	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Feb. 2, 1954	14 mos yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Washington, D.C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard Hammock	Farigene Oldham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
nO	no	none	Mr. Richard Hammock, Father- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 525x

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Interstitial pneumonia and interstitial myocarditis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes☒ No☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R.B. Fisher M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4/22/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	April 23, 55	to	Knoxville, Tennessee

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 23, 1955	[signature]	Ben L. Hopping and Son	Annapolis, Md.

rg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03300

CERTIFICATE OF DEATH

3324

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills — LENGTH OF STAY (in this place) 9 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairview

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills

STREET ADDRESS (If rural give location) Fairview

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) V. (Last) Hammond

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	August 16, 1873	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework (ret.)	Own Home	Gambrills, Maryland	U.S.A.

13. FATHER'S NAME: J. Lackland Higgins

14. MOTHER'S MAIDEN NAME: Mary Louise Hammond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		No	Mrs. Dallas Higgins Fairview Gambrills, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Chronic Glomerulo Nephritis — 3 Years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to April 28, 1955, that I last saw the deceased alive on April 23, 1955, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

SIGNATURE Edward J. Chenault M.D. — ADDRESS (Street, city, town, state) Gambrills Md — DATE SIGNED 4-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 4 1955	Waugh Chapel Cem.	Waugh Chapel, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
May 3, 1955	Katherine M. Joyce	P V Livingston	Glen Burnie, Md

L. J. Dacha.

28-55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

03301

3325

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harundale, Glen Burnie — LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1303 Saunders Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kansas — COUNTY Saline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salina
STREET ADDRESS (If rural, give location) 802 Saneca Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Victor Hugo Hanf	April 7 -1955 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	White	Divorced	9/18/89	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman (retired due to illness).		New Jersey.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hugo James Hanf	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes 1914-5-6.	125-03-0077	Victor Hugo Hanf (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
453.1 Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombo-Angiitis-Obliterans	3 y.
	(c) Amputation of left leg (mid-thigh)	6 m.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gangrene of right leg.	3 m.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave K. Finkelstein M.D.	Deputy Medical Examiner	Glen Burnie, Md.	4/8/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/11/55	Holy Cross	Balto, 25, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 9, 1955	L. J. D'Alta.	Hopping & Kirkley,	Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03302

3326

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Edgevale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Heights
STREET ADDRESS (If rural give location) 104 Edgevale Rd.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) T. (Last) Herring

4. DATE OF DEATH: (Month) 4/16/55 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Write word): Married
8. DATE OF BIRTH: 3/15/1876
9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Green Co. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Herring
14. MOTHER'S MAIDEN NAME: Nancy Z.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
592X IMMEDIATE CAUSE (A) Uremia
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic Nephritis DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart disease Asthma

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31-, 1955, to April 16, 1955, that I last saw the deceased alive on 4-16-55, 1955, and that death occurred at 5 30 P.M., from the causes and on the date stated above.
SIGNATURE [signature] ADDRESS M. D. 2730 N Charles DATE SIGNED 4/16/55

23. ~~BURIAL, CREMATION~~, REMOVAL (SPECIFY) Removal
DATE THEREOF 4/16/55
NAME OF CEMETERY OR CREMATORY Elkton
LOCATION (City, town, or county) (State) Va.

DATE REC'D BY LOCAL REGISTRAR April 16. 1955
REGISTRAR'S SIGNATURE R.W
24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul st.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03303

3393

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 69 Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Davidsonville

STREET ADDRESS (If rural give location): Davidsovnille Post Office

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) (Last) Hittle

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	March 29, 1880	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Hungary	USA

13. FATHER'S NAME: John Euesch

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	none	Mr Quentin Hittle- Son- same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X IMMEDIATE CAUSE (A) Cerebral hemmhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B) hypertension, generalized arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes mellitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1955, to April 8, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 1 P. M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Emily H. Wilson		Lothian, Md.	4-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April ~~12~~, 55	St. Mary's Cemetery	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
April 12, 1955	H. C. Durand	HOPPING FUNERAL HOME Ben L Hopping Jr	Annapolis, Md.

3304

03304
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 18,21,22 Film 6100 4-13-55 ams

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Creek

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Parole-Annapolis
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (First) JAMES (Middle) W. (Last) JOHNS, SR.

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 6-9-1869

9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Johns

14. MOTHER'S MAIDEN NAME: Sophia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Lawrence Johns 18 LaFayette Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

929.8
Immediate cause (a) Drowning — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.,) OF INJURY Bank of creek

21c. (City or town) Annapolis (County) Anne Arundel (State) Md.

21d. TIME OF INJURY (Month) Found (Day) 4/3 (Year) (Hour) 10:45A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Found apparently drowned on bank of creek

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F Guern M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Apr. 4, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-7-55

NAME OF CEMETERY OR CREMATORY Fowler

LOCATION (City, town, or county) (State) Best Gate, Md

DATE REC'D BY LOCAL REG. 4-4-55

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS William Roose & Son 108 Washington St Annapolis, Md

R.R

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3305

CERTIFICATE OF DEATH

03305

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: ANNE ARUNDEL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 ANNAPOLIS

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 63 ANNE ARUNDEL GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Gambrills

STREET ADDRESS (If rural give location): Box 127 Annapolis Road

X 1

3. NAME OF DECEASED (Type or Print): (First) NANCY (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) April (Day) 23, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Sep.	August 3, 1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Virginia	USA

13. FATHER'S NAME: James Sutherland

14. MOTHER'S MAIDEN NAME: Almeda Fuller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Mary Jane Johnson-Daughter-same as#2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) aretriosclerotic cardiovascular disease. — 8 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22/55, 19..... to 4/23/55, 19....., that I last saw the deceased alive on 4/23/55 19....., and that death occurred at 2:33 AM, from the causes and on the date stated above.

SIGNATURE T. Bozzuto M.D. — **ADDRESS** (Street, city, town, state) Annapolis, Md. — **DATE SIGNED** 4/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	4-23-55	to	BRISTOL, TENNESSEE

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 4-23-55	T. O'Donnell	HOPPING FUNERAL HOME Ben. F. Hopping Jr.	ANNAPOLIS, MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3327

CERTIFICATE OF DEATH

03306
Reg. Dist. No.

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Riviera Beach
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riviera Beach X
STREET ADDRESS (If rural give location): Main Road 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) EARL (Last) KEYSER

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/12/77

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Keyser

14. MOTHER'S MAIDEN NAME: Barbara Gunther?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-7175

17. INFORMANT & ADDRESS: Earl Keyser - Riviera Beach, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Hemorrhage — Interval Between Onset And Death: 6 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerotic Cardio Vascular Disease — 10 years
DUE TO
(c) Hypertensive Cardio-Vascular Disease — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to April 27, 1955, that I last saw the deceased alive on 4/26, 1955, and that death occurred at 9:20 A.M.; from the causes and on the date stated above.

SIGNATURE: G. Brady Smith (Degree or title) M.D. ADDRESS: Riviera Beach, Md. DATE SIGNED: 4/28/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-30-55
NAME OF CEMETERY OR CREMATORY: Holy Redeemer
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REGISTRAR: 4-29-55
REGISTRAR'S SIGNATURE: A.W. Hedrick
24. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03307

3306

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 63 Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glen Burnie

STREET ADDRESS (If rural give location): Old Annapolis Rd. (P.O. Box 24)

3. NAME OF DECEASED (Type or Print): (First) MORSON (Middle) (Last) LEISNER

4. DATE OF DEATH (Month) (Day) (Year): 4.23.1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	4-22-1955	— yrs.	—	—	14	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marvin Meadows	Thelma Leisner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	———	Marvin Meadows - same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

758.1 IMMEDIATE CAUSE (A) Achondroplastic Dwarf — INTERVAL BETWEEN ONSET AND DEATH: 14 Hrs

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 19 55, to April 23 19 55, that I last saw the deceased alive on April 23, 19 55, and that death occurred at 3.55 P.M., from the causes and on the date stated above.

SIGNATURE		ADDRESS (Street, city, town, state)	DATE SIGNED
Edward J. Thornett	M.D.	Cornbrith Md	4-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-25-55	Glen Haven Cemetery	Glen Burnie, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
4-25-55	[illegible] O. Brandt	HOPPING FUNERAL HOME	ANNAPOLIS, MD.

2045203415

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

03308

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3328

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort George G. Meade

LENGTH OF STAY (in this place): 25 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Pennsylvania COUNTY: Northampton

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton 75 X-3

STREET ADDRESS (If rural give location): 43 N. Sitgreaves

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) M. (Last) LOVETT

4. DATE OF DEATH (Month) April (Day) 18 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	8 January 1932	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U. S. Army	Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard W. Lovett	Eileen Shanahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	28 December 1954	None	Mother: same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

590X IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Uremia — Approx 25 days

DUE TO (C) Acute Glomerulo-nephritis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work [ ] Not while at work [ ]	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 March 19 55, to 18 April 19 55, that I last saw the deceased alive on 18 April 19 55, and that death occurred at 0130 M, from the causes and on the date stated above.

SIGNATURE: Robert J. Dean

ROBERT J. DEAN, MAJOR, MC — M.D. — ADDRESS (Street, city, town, state): U. S. Army Hospital, Ft. G. G.Meade, Md — DATE SIGNED: 18 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Unknown	Gethsemane Cemetary	Easton, Pennsylvania

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
18 April 1955	R. J. GORDON, CAPT. MSC	William Cook, Inc.	Baltimore, Maryland

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

3329

CERTIFICATE OF DEATH

03309

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 1½ years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Prince George's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chapel Oaks 16X-2

STREET ADDRESS (If rural give location): Unknown ✓

3. NAME OF DECEASED (Type or Print): (First) Harrison (Middle) (Last) Maddox

4. DATE OF DEATH: (Month) 4 (Day) 10 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Separated	Unknown	66? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Georgia	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hodge Maddox	Maggie Maddox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	— —	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
33/X IMMEDIATE CAUSE (A)	Cerebro-vascular accident	1 day
ANTECEDENT CAUSE(S) DUE TO (B)	Hypertension	2-3 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Generalized arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Senile Psychosis	2-3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
— — — —	— — — — — — — — — — — — — — — —	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	—	— — — — — — — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — — — — — — M.		— — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 4/10, 19 55, that I last saw the deceased alive on 4/10, 19 55, and that death occurred at 1:25 p.M, from the causes and on the date stated above.

SIGNATURE: Hildegard Heard Reimann M. D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 4/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	4-13-55	Cl. M. E.	Balto.	Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
4-13-55	K M Soper	T. H. Hendley	5 7 E W. Biddle St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03340

! 3330

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum
LENGTH OF STAY (in this place) 14 yr -
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 W. Hawthorne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum
STREET ADDRESS (If rural give location) 208 W. Hawthorne Rd

3. NAME OF DECEASED: (Type or Print) (First) Gilbert (Middle) Lewis (Last) Maries Maris

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1880

9. AGE last birthday 74 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman B.&O. R.R. (Retired)

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm D. Maries

14. MOTHER'S MAIDEN NAME: Mary Frances Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-6080.

17. INFORMANT & ADDRESS: Emma Maries - (wife)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
526X IMMEDIATE CAUSE	(A) Cardio-Vascular Disease	14 yr -
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Chronic Bronchitis	30 yr-
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Enlargement of Prostate -		6 mo-

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....., 1954 to 4/6/55, 19....., that I last saw the deceased alive on 4/6/55, 19....., and that death occurred at 10 P. M, from the causes and on the date stated above.

SIGNATURE Thos. L. Ball M. D. ADDRESS Linthicum DATE SIGNED 4/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF April 11, 1955

NAME OF CEMETERY OR CREMATORY Mt Olivet

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-7-55

REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR C. Bland Ellers ADDRESS 1402 St Charles St

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1956
74
50

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3331

03311

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY A. A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Riva

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riva

STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print) — (First) Samuel (Middle) (Last) McGowans

4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Colored	Married	12-24-1906	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver		West River, Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George McGowans	Francis Downs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	W. War II	212-12-2991	Mary McGowans Riva, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X IMMEDIATE CAUSE (A) Carcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH: Appr 8 mos.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21a. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1954, to 4-28, 1955, that I last saw the deceased alive on 4-28, 1955, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Jay W. Allen		10 Carroll St	4-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-2-55	Annapolis National	Annapolis Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE May 2, 1955	Edward Collinson	William Reese II	108 W. Washington St Annapolis, Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3397

CERTIFICATE OF DEATH

03312

Reg. Dist. No. 21

Item 9, FilmG181 5-19-55 et

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis, Md

LENGTH OF STAY (in this place) DOA

HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Md. 10 1

STREET ADDRESS (If rural give location) 311 Monteray Ave.

3. NAME OF DECEASED (Type or Print) (First) Hugh (Middle) B (Last) McLean

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Cau	M	21 Dec. 1901	53 5/4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USN

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Orange, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1924 –

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS USNH Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis 420.1 — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DOA 4-21, 1955, to 4-21, 1955, that I last saw the deceased alive on DOA, 19, and that death occurred at 1830 M, from the causes and on the date stated above.

SIGNATURE R.K. MOXON LCDR MC USN M.D.

ADDRESS (Street, city, town, state) U.S. Naval Hospital

DATE SIGNED 22 April 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Apr 25 55

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington (State) Va

24. REC'D BY REGISTRAR DATE April 25, 1955

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE John M. Taylor Sons

ADDRESS Annapolis Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03313

3332

CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 5 yrs. 2 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City — 3 Vol-4

STREET ADDRESS (If rural give location): Undetermined ✓

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) (Last) McRae

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Single	2/16/95	60 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Unknown	South Carolina	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George McRae	Rhodea Manning

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Broncho-pneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — — — — — — — — — — — — — —	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — — — — — —	— — — — — — — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — —		— — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 1/5, 1955, to 4/21, 1955, that I last saw the deceased alive on 4/21, 1955, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

SIGNATURE: Edward Heard Reissmann (Reissmann) M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 4/22/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4/26/55	University medical School	Balto-city

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
4-26-55	R. M. Joyce	Wm Hemsley	576 W. Biddle St

03314

3333

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Jessup — LENGTH OF STAY (In this place) always
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Annapolis Jct. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Carl (Middle) Louis (Last) Nicholson
4. DATE OF DEATH: (Month) April (Day) 14 (Year) 19 55

5. SEX: M.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9/23/54
9. AGE last birthday: — yrs. If under 1 year: Months 6 Days 12 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Severn Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steele Nicholson
14. MOTHER'S MAIDEN NAME: Agnes Irene Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Steele Nicholson, Jessup

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
527.2 Immediate cause (a) Acute Pulmonary Infection — INTERVAL BETWEEN ONSET AND DEATH 4 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lucian H. Pawlowski M.D. Deputy Chief Examiner Glen Burnie, Md. 4/11/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 13 1955
NAME OF CEMETERY OR CREMATORY St. Rest
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. April 13-55
REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR Ridgely Selby
ADDRESS 401 Main St. Laurel Md

03315

MARYLAND STATE DEPARTMENT OF HEALTH

3334

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Haven; LENGTH OF STAY (In this place) 24-10 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Catherine and 7th st.; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same; STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Novak

4. DATE OF DEATH: (Month) (Day) (Year) April 5 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/23/97

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired as a Lamper of Bees

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Novak

14. MOTHER'S MAIDEN NAME: Masie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 212-32-9877

17. INFORMANT AND ADDRESS: Mrs. Alma Novak (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustave A Faulenbach Deputy Medical Examiner Glen Burnie, Md. 4/5/55

BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 4-9-55 | NAME OF CEMETERY OR CREMATORY: OAK Hill | LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 4-7-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Frank Cuach & Son ADDRESS: 900 N. Chester St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3308

CERTIFICATE OF DEATH

03316

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 A. A GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD — COUNTY A A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS 10 1

STREET ADDRESS (If rural give location) 200 SEVERN AVE.

3. NAME OF DECEASED (Type or Print) (First) NELLIE (Middle) P. (Last) PARKS

4. DATE OF DEATH (Month) (Day) (Year) 4 — 6 — 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	9-11-1885	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MAYO MD

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WESLEY GARDNER

14. MOTHER'S MAIDEN NAME: MARY E. JACKSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: WILLIAM E PARKS (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSE(S) DUE TO (B) with left hemiplegia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) gen. arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 19 55, to 4-5, 19 55, that I last saw the deceased alive on 4-5, 19 55, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE Erath Poller M.D. — ADDRESS (Street, city, town, state) 45 Franklin St, Annapolis — DATE SIGNED 5-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-8-55	Cedar Bluff	Annapolis Md

24. REC'D BY REGISTRAR — DATE April 11, 1955 — REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS John W. Saylor Sons Annapolis Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3335

CERTIFICATE OF DEATH

03317

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crystal Beach. — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD. COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park. X

STREET ADDRESS (If rural, give location) MANHATTAN Beach. / Dividing & COMMUNITY RD.

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) E (Last) Pendlebury.

4. DATE OF DEATH (Month) APRIL (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W		8 Jan 1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steward	Ship	Framingham MASS	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Pendlebury.	Madeline Kellerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(No)	1917-		wife - Manhattan Beach Severna Park

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4-20.1 IMMEDIATE CAUSE (A) Respiratory & Cardiac Failure

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Myocardial Infarction

DUE TO (C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 19 55, to April 24, 19 55, that I last saw the deceased alive on April 24, 19 55, and that death occurred at 0715 M, from the causes and on the date stated above.

Did not see Patient while alive however he is known to have been in good condition

SIGNATURE		ADDRESS (Street, city, town, state)	DATE SIGNED
Robert R. Hahn	M.D.	Severna Park Md.	24 April 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 29, 1955	Balto-Nat'l. Cem.	Baltimore Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE April 29 1955	L. J. DeAlba	P. Knighton	Glen Burnie, Md

RECEIVED

MAY 2 1955

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03318

3336

CERTIFICATE OF DEATH

Item 9, Film G181, 5/12/55 fcy

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ST MARGARETS

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 60

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY A.A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ST MARGARETS X/

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) E. (Last) PUSCHERT

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	WIDOW	5-3-1881	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	HOME	GERMANY	U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: ERNESTINE THOBER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: SARA STREIT (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X IMMEDIATE CAUSE (A) Bronchogenic carcinoma c gen. metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. gen. arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/20/55	metastatic Ca (biopsy of nodes od neck lt.)	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 13, 1950, to 4/29/, 1955, that I last saw the deceased alive on 4/28/, 1955, and that death occurred at 8:0 A M, from the causes and on the date stated above.

SIGNATURE S. Bonnell M.D. **ADDRESS** (Street, city, town, state) Annapolis, Md. **DATE SIGNED** 4/29/55

23. ~~BURIAL~~, ~~CREMATION~~, REMOVAL ~~(SPECIFY)~~	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4-29-55		Topeka Kansas

24. REC'D BY REGISTRAR DATE 5-3-1955	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	[illegible] D. Bonnell	John M. Taylor Sons	Annapolis Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03319

3337

CERTIFICATE OF DEATH

Reg. Dist. No. 28

Items 13,14 Film C181 5-3-55 et

1. PLACE OF DEATH
COUNTY AA. Crownsville State Hospital MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 State Hospital Crownsville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) 19-39-2

3. NAME OF DECEASED (Type or Print) (First) William (Middle) T. (Last) ROACH

4. DATE OF DEATH (Month) 4 (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
M	African		?	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Emma FERGUSON, 915 Edward, Chester Pa

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
9047 IMMEDIATE CAUSE	(A)	Bronchopneumonia	4 days
ANTECEDENT CAUSE(S)	DUE TO (B)	Fracture of R. femur	1 week
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	generalized arteriosclerosis	3 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		senile psychosis	2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY (Road, office, alley, etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	Hospital	State Hospital

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
3-25-55 M.		Fell

22. I hereby certify that I attended the deceased from 4/17, 19 55, to 4/24, 19 55, that I last saw the deceased alive on 4/24, 19 55, and that death occurred at 1:00 P.M. from the causes and on the date stated above.

SIGNATURE Hildegard Heard Kinman M.D. ADDRESS (Street, city, town, state) State Hospital DATE SIGNED 4/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	4/27/55	Hopewell Cemetery	Crisfield R.F.D. #1, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
4/25/55	R. M. Doyle	Bradshaw & Sons	Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

Cumberland Allegany
Cumberland
Sacred Heart Hospital Cumberland

William T. ROACH 4-24-55

M African — 75

US

Pneumonia
Fracture of R. femur
generalized arteriosclerosis
senile psychosis

Cumberland Md.

BUREAU V. S.

RECEIVED APR 27 1955

33-55

3338

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03320

Reg. Dist. No. 24

Item 8, Film G181 5-6-55 et

1. PLACE OF DEATH · COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Arundel Beach — LENGTH OF STAY (In this place): 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Magothy River

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY ·
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Lee Hotel, Eutaw Place. 3V01-4

3. NAME OF DECEASED (Type or Print): (First) Marion Rustin (Middle) Roberts (Last)

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~Divorced~~ Widowed

8. DATE OF BIRTH: 5/3/03

9. AGE last birthday: 52 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Roberts

14. MOTHER'S MAIDEN NAME: Estella Laib

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) II War.

16. SOCIAL SECURITY NO. 362-09-4146

17. INFORMANT AND ADDRESS: Mr. George W. Roberts, 106 Twin Oaks Linthicum.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850 X Immediate cause (a) Accidental Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Magothy River — (CITY OR TOWN) Arundel Beach, — (COUNTY) A.A. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 4/26/55 5.25 P.M. — INJURY OCCURRED While at work ☐ Not while at work X — HOW DID INJURY OCCUR? Boat capsized and he fell in the (water.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐ suicide X, homicide ☐, undetermined ☐.*

SIGNATURE: Cecil H. Parker M.D. — (Degree or title) Deputy Medical Examiner — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 4/26/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-29-1955 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemet — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. April 28, 1955 — REGISTRAR'S SIGNATURE: L. J. D'Alba. — 24. FUNERAL DIRECTOR: Hopping and Kirkley Funeral Home — ADDRESS: Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK—Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3339

CERTIFICATE OF DEATH

03321

Reg. Dist. No. 22

1. PLACE OF DEATH

COUNTY A. A. Co. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ODENTON

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY A. A. Co.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ODENTON X

STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED (Type or Print) (First) Minerva (Middle) A. (Last) Ross

4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	W	3-5-1889	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herbert Parker	Elizabeth Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	—	Benjamin R. Johnson Odenton, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
171X IMMEDIATE CAUSE	(A) Generalized Carcinomatosis	3 Years
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Carcinoma of Cervex Uteri	3 Years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 46, to April 9, 19 1955 that I last saw the deceased alive on April 7, 19 1955 and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward J Thewett		Cambrills Md	4-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-13-55	Mt Tabor	Chesterfield Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Apr 15	Edna Rasley	William Rezaut	108 Washington St Annapolis, Md

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3309

CERTIFICATE OF DEATH

03322

Reg. Dist. No. 21

Item 9, FilmG181 5-9-55 et

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place) 16 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 USNH

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural give location) StJoseph's Home for Aged 132 S Patterson,Park Avenue

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) (n) (Last) SAWULA

4. DATE OF DEATH (Month) April (Day) 28 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
M	Cauc	W	5-8-81	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Poland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unknown		Unknown	USN Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X IMMEDIATE CAUSE (A) Bronchial Pneumonia #491 — INTERVAL BETWEEN ONSET AND DEATH: 1-2 months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Atophy of cerebral cortex,senile #794 — Undetermined

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 19 55, to 4-28, 19 55, that I last saw the deceased alive on 4-28, 19 55, and that death occurred at 8:30a M, from the causes and on the date stated above.

SIGNATURE T.A. Almenoff Ltjg MC USN M.D. — **ADDRESS** (Street, city, town, state) U.S.Naval Hospital,Annapolis,Md. — **DATE SIGNED** 4-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 30,1955	Cathedral	Wilmington Delaware

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
May 2,1955	Wm. J. French M.D.	Thomas W Houghton	Glen Burnie, Md

3310

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03323 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 2 Annapolis Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) F (Last) SCHNEEBERG

4. DATE OF DEATH (Month) APRIL (Day) 24 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: October 5, 1900

9. AGE Last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Auto Garage

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry A. Schneeberg

14. MOTHER'S MAIDEN NAME: Margaret Mulligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1919 to 1937 and WW II

16. SOCIAL SECURITY NO.: 215-18-0635

17. INFORMANT & ADDRESS: Harry Schneeberg-Brother- 725 4th Ave. Brooklyn, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812X

Immediate cause (a) Fracture Skull — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Compound Fracture both lower extremities

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street

21c. (City or town) (County) (State) Annapolis, Anne Arundel, Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 24, 1955 PM

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by Car near College Creek Bridge

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Elmer G. Linhardt M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED April 24, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF April 28, 1955

NAME OF CEMETERY OR CREMATORY Arlington National Cemet.

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. April 28, 55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ben L. Hopping and Son

ADDRESS Annapolis, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03324

3311

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: ANNE ARUNDEL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 ANNAPOLIS

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 BAY RIDGE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MARYLAND COUNTY: ANNE ARUNDEL

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ANNAPOLIS 10

STREET ADDRESS (If rural give location): BAY RIDGE RD. 1

3. NAME OF DECEASED (Type or Print): (First) ANTHONY (Middle) J (Last) SEDLACEK

4. DATE OF DEATH: (Month) APRIL (Day) 19, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Sept. 27, 1886	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Carpenter	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Sedlacek	Catherine Hronek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	none	same as Mrs. Mazie Marie Sedlacek-wife- # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343 IMMEDIATE CAUSE (A) Heart disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 19 55, to 4/19, 19 55, that I last saw the deceased alive on 4/19, 19 55 and that death occurred at 17 M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Elmer G. Linhardt Elmer Linhardt M.D.	Annapolis, Maryland	4-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-22-1955	Cedar Bluff Cemetery	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
4-20-55	J. D. Council	Ben Hopping	HOPPING FUNERAL HOME Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03325

3340

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale
LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hammonds Ferry Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) Hall (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: Colored.

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): single

8. DATE OF BIRTH 3/8/1900

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anne Arundel County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Hall

14. MOTHER'S MAIDEN NAME: Mary Snowden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Bertie Hall (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

595X

Immediate cause (a) Mitral Insufficiency — Interval Between Onset And Death: + 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Interstitial Nephritis — + 2 weeks.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8/55, 19..., to 4/16/55, 19..., that I last saw the deceased alive on 4/15, 1955, and that death occurred at 12.00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustave A. Rauber M.D. Glen Burnie, Md. 4/16/55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial 4/20/1955 Mt. Auburn Cem. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

4-19-55 A W Redenius

24. FUNERAL DIRECTOR ADDRESS

Mrs Katie R Williams Schroeder Sta.

JST

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3341

CERTIFICATE OF DEATH

03326

Reg. Dist. No. 24

Item 9. Film6180 4-22-55 et

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X GLEN BURNIE

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS PLAZA MANOR CONV. HOME 90 Route 2 Box 376A

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Balto.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03X-2

STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) FERDINAND (Middle) J. (Last) SNYDER

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	Oct 1-1898	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM SNYDER	ALICE JORDAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			SON WILLIAM SNYDER 1232 Sulphur Spring Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) CEREBRAL THROMBOSIS

DUE TO (C) ARTERIOSCLEROTIC Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. And generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24, 1955, to 4/1, 1955, that I last saw the deceased alive on 3/31, 1955, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE Joseph Vahey M.D. ADDRESS (Street, city, town, state) 102 BALTO-ANNAP BLVD. MT. GLEN BURNIE, MD. DATE SIGNED 4/1/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 4-55	Mt Calvary Cem.	Frederick Co. Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
April 3 55	L. J. Dodd Jr.	Gertrude Kenny 5246	Camp Hill Rd.

3312

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03327 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anna Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Shady Oak

3. NAME OF DECEASED: (Type or Print) (First) CLIMENT (Middle) JOSEPH (Last) STALLINGS

4. DATE OF DEATH (Month) APRIL (Day) 24, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 13, 1930

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Driver-salesman

10b. KIND OF BUSINESS OR INDUSTRY: Dry-cleaners

11. BIRTHPLACE (State or foreign country): Calvert County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norwood Stallings

14. MOTHER'S MAIDEN NAME: Ella Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO.: 213-28-1452

17. INFORMANT & ADDRESS: Mr Norwood Stallings-Father- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Ruptured Kidney — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Secondary hemorrhage — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 4-23-55

19b. MAJOR FINDING OF OPERATION: Ruptured Kidney

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street

21c. (City or town) (County) (State) Annapolis, Anne Arundel, Maryland

21d. TIME OF INJURY (Month) (Day) (Year) 4-16-55 (Hour) A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto Accid

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 4-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-26-1955

NAME OF CEMETERY OR CREMATORY Mt Harmony Cemetery

LOCATION (City, town, or county) (State) Calvert County, Maryland

DATE REC'D BY LOCAL REG. Apr. 25, 1955

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR W.H. Hutchins and Sons ADDRESS Owings, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03328

3342

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort George G. Meade

LENGTH OF STAY (in this place) 3 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena

STREET ADDRESS (If rural give location) X Rt.#4, Box 16-A 1

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) KENNETH (Last) STEWART

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	16 April 1955	yrs.			26	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Donald Gerald Stewart

14. MOTHER'S MAIDEN NAME: Margie Loretta Rolley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mother-same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 IMMEDIATE CAUSE (A) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: Approx 26 hrs

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Congenital atelectasis

DUE TO (C) Prolonged resucitation at birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES X NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 April, 19 55, to 17 April, 19 55, that I last saw the deceased alive on 17 April 19 55, and that death occurred at 0920 M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
ROBERT W. MOORE Robert Moore M.D.	Fort George G. Meade, Maryland	17 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	18 Apr 55	Post Cemetary	Fort G. G. Meade, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
18 Apr 1955	R. J. COMBOSH, CAPT. MSC	Chaplain Quigley Ft.G. G. Meade, Md.

2045211405

RECEIVED
APR 20 1955
BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3343

CERTIFICATE OF DEATH

03329

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millersville, (Rural)

LENGTH OF STAY (In this place) 90 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millersville (Rural)

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print) — (First) Charles (Middle) W. (Last) Stinchcomb

4. DATE OF DEATH (Month) (Day) (Year) April 25, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	July 31, 1864	90 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	own Farm	Maryland	USA

13. FATHER'S NAME: Nelson Stinchcomb

14. MOTHER'S MAIDEN NAME: Ann Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	None	Oliver Stinchcomb, Millersville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0 IMMEDIATE CAUSE	(A)	General Arteriosclerosis	10y.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Right inguinal hernia	5y.
	DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from October, 1954, to 4/25, 1955, that I last saw the deceased alive on 4/24/55, 19..., and that death occurred at 1 A.M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Lucille M. Faulkner M.D.		Glen Burnie Md.	4/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 27, 1955	Stinchcomb Family Cemetery	Millersville, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
4/28/55	Katherine M. Joyce R	James L. Kirkley Hopping & Kirkley, Glen Burnie, Md.

April 26, 1955 L. J. D'Alba

03330

MARYLAND 3344

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

Item 9, FilmG180 4-27-55 et

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Arnold md | LENGTH OF STAY (In this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Arnold md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY anne arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
STREET ADDRESS (If rural, give location) Broad water Rd 1

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) A. (Last) Todd
4. DATE OF DEATH (Month) APRIL (Day) 15 (Year) 1955

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 31 Aug. 1878 | 9. AGE last birthday 76 7771 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Klaus Alexander
14. MOTHER'S MAIDEN NAME MARIe Benedictine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Son. EDD Todd. ARNOLD MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X
Immediate cause (a) Respiratory & Cardiac failure
Antecedent cause(s) Marked Hypertensive Cardio-Vascular
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) disease
(c) Hypertension - Cerebral Thrombosis & Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Months, 19 55, to 15 april, 19 55; that I last saw the deceasd alive on 14 april, 19 55, and that death occurred at 07PM m., from the causes and on the date stated above.
SIGNATURE Robert R. Hahn (Degree or title) ADDRESS Severna Park Md. 15 apr. 1955 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE April 18-55 | NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery | LOCATION (City, town, or county) Hutchins Heights Glen Burnie (State) md

DATE REC'D BY LOCAL REG. April 18, 1955 | REGISTRAR'S SIGNATURE L. J. D'Alba.
24. FUNERAL DIRECTOR Bernard A Fink ADDRESS Glen Burnie md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03331 WC

3313

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 ANNE ARUNDEL GENERAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FRIENDSHIP

STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print) (First) BLANCHE (Middle) VIOLA (Last) WEBB

4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	9-9-1906	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	HOME	SHADY SIDE MD.	U. S. A.

13. FATHER'S NAME: WILLIAM C. WILDE

14. MOTHER'S MAIDEN NAME: HILLIE EDGAR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	—	KENNETH O. WEBB (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1754 IMMEDIATE CAUSE (A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Rectal Carcinoma — 5-6 mos.

DUE TO (C) Cachexia — debility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma ovary, Confirmed 4-18 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov. 1953	Extensive Carcinoma Ovary	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 54, to 4/19, 19 55, that I last saw the deceased alive on 4/19, 19 55, and that death occurred at 10:35 P.M., from the causes and on the date stated above.

SIGNATURE Stuart M. Chrisley M.D. ADDRESS (Street, city, town, state) 69 Prince Geo. - Annapolis DATE SIGNED 4/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-22-55	Friendship Cem't	Friendship Md

24. REC'D BY REGISTRAR — DATE April 22, 1955 — REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE John M. Taylor & Son — ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03332

3345

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Pasadena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena X
STREET ADDRESS (If rural give location) R. F. D. #6 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) PHILIP (Last) WEIMAN

4. DATE OF DEATH: (Month) Apr. (Day) 3, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: June 25, 1948

9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank P. Weiman

14. MOTHER'S MAIDEN NAME: Bernadette Gollery

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of aervice)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. Frank P. Weiman-Pasadena, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Acute myelogenous leukemia — 6 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 22, 1954, to April 3, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE R. M. McLaughlin (Degree or title) M.D. ADDRESS Pasadena, Md. DATE SIGNED April 3, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/6/55

NAME OF CEMETERY OR CREMATORY Moreland Memorial Park

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 4-4-55

REGISTRAR'S SIGNATURE A. W. Hedrick RF

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons

ADDRESS Balto 17, Md

VS. A15

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03333

3314

CERTIFICATE OF DEATH

Items 8, 9: Film 6180 4-22-55

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 320 Sixth St.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY A.A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS 10 1

STREET ADDRESS (If rural give location) 320 Sixth St.

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) HOLLAND (Last) WHEELER

4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	Widow	12/19/~~1877~~ 1877	~~83~~ 77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	HOME	MARYLAND	U. S. A

13. FATHER'S NAME ROBERT HOLLAND

14. MOTHER'S MAIDEN NAME HONORORA HOGAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS GERALDINE WHEELER #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis, generalized — unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26, 1955, to 4-7, 1955, that I last saw the deceased alive on 4-7, 1955, and that death occurred at 12:05 P.M. from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward L Beck		4 Southgate Ave Annapolis	4/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4/9/55	CEDAR Bluff	ANNAPOLIS MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
April 11, 1955	J. O'Connell	JOHN M. TAYLOR + SONS	ANNAPOLIS MD.

MARYLAND STATE DEPARTMENT OF HEALTH

3346

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03334

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Ridge
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Poplar Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Ridge
STREET ADDRESS (If rural, give location) Poplar Ridge Road

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) S. (Last) White

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: April 23, 1878

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James H. White

14. MOTHER'S MAIDEN NAME: Eliza Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Bessie White - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — Interval Between Onset and Death: 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Brady Smith (Degree or title) M.D. ADDRESS: Riviera Beach, Md. DATE SIGNED: 4/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/26/53 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG.: 4-25-53 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1212 W. Baltimore

VS. A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3347

CERTIFICATE OF DEATH

03335

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 6 mos. 13 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3Y01-4

STREET ADDRESS (If rural give location) 2038 McCulloh St. ✓

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) B. (Last) White

4. DATE OF DEATH (Month) April (Day) 15, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Female	Negro	married	Unknown	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	———	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William McCoy	Abbie Burns

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Hypertensive & Arteriosclerotic Cardiovascular Ds. — INTERVAL BETWEEN ONSET AND DEATH: Known to us since 10/2/54

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Generalized & Cerebral Arteriosclerosis — Known to us since 10/2/54

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome assoc. with Cerebral Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — —	— — —	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — —	— — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — —		— — —

22. I hereby certify that I attended the deceased from 10/2, 19 54, to 4/15, 19 55, that I last saw the deceased alive on 4/15, 19 55, and that death occurred at 7:30 pM, from the causes and on the date stated above.

SIGNATURE Stanley C. Sargeant M.D. ADDRESS (Street, city, town, state) Crownsville, Md DATE SIGNED 4/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/20/1955	Arbutus Mem. Park	Balto. Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
4/26/55	Katherine M. Joyce	Marshall P. Hayes	638 N. Gilmor St Balto. Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03336

3348

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Marley
LENGTH OF STAY (in this place) 9 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 0 & Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beach X
STREET ADDRESS (If rural give location) Kenwood Road 1

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) Wells (Last) White

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 9, 1868
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer
10B. KIND OF BUSINESS OR INDUSTRY: Department Store
11. BIRTHPLACE (State or foreign country): Vermont
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wells Murray White
14. MOTHER'S MAIDEN NAME: Eleanor Miranda Dexter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-16-9383
17. INFORMANT & ADDRESS: Eleanor Yeatman - Riviera Beach Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Artery Thrombosis — 2 months
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Arteriosclerotic Cardio-Vascular Disease — 10 years
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to April 28, 1955, that I last saw the deceased alive on ....., 19..., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE G. Brady Smith M. D.
ADDRESS Riviera Beach, Md.
DATE SIGNED 4/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/30/55
NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 4-29-55
REGISTRAR'S SIGNATURE H. W. Hodges
24. FUNERAL DIRECTOR Wm. J. Pickens & Sons
ADDRESS Baltimore, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3349

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05277 Reg. Dist. 12

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Laurel, Md.

STREET ADDRESS (If rural, give location): Allen's Motel

3. NAME OF DECEASED: (First) CLARENCE (Middle) ANDREW (Last) WINGATE

4. DATE OF DEATH (Month) April (Day) 27, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White			55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U		U	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
N K	K N

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
O W		O W

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: M

420.1

Immediate cause (a) Coronary artery disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, ~~Inspection~~ ☒, ~~Inquiry~~ ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. H. Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 4/29/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Embalmed	June 1 1955	Univ. of Maryland Med. Sch.	Balto. 1, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 9, 1955	Clara Haslup D rg	The Anatomy Board of Maryland per: M. Christie	

VS. A15A - 5 - 53

3350 189

03357

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~RURAL-Tracy's Landing-Transient~~
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro
STREET ADDRESS (If rural, give location): 16X-2

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Augustus (Last) Wyvill

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 8, 1895

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Owner

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph V. Wyvill

14. MOTHER'S MAIDEN NAME: Sarah Purdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war, or dates of service): W.W.I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Upper Marlboro, Md. Beatrice Wells Wyvill-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: farm | (CITY OR TOWN): Lothian, | (COUNTY): A.A.Co | (STATE): Md

TIME OF INJURY: (Month) 4 (Day) 5 (Year) 1955 (Hour) 8:15 a.m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Emily H. Wilson (Degree or title): M.D. ADDRESS: Lothian, Md DATE SIGNED: 4-7-55

BURIAL, CREMATION (Removal) (Specify): Burial | DATE THEREOF: 4/11/55 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery | LOCATION (City, town, or county): Upper Marlboro (State): Md.

DATE REC'D BY LOCAL REG.: April 14 | REGISTRAR'S SIGNATURE: S. B. Dent | 24. FUNERAL DIRECTOR: Ritchie Brothers ADDRESS: Upper Marlboro, Md.

VS. A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03338

3351

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY ANNE AR UNDEL MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GLEN BURNIE

LENGTH OF STAY (in this place) 2 yrs mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS Plaza Manor Nursing Home Box 396 A-RT-2, Glen Burnie

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Balto. city

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4

STREET ADDRESS (If rural give location) 1912 W. Saratoga St. ✓

3. NAME OF DECEASED (Type or Print) (First) WILLIS (Middle) (N) (Last) YARBROUGH

4. DATE OF DEATH (Month) APR. (Dey) 9 (Yeer) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthdey	IF UNDER 1 YEAR Months / Deys	IF UNDER 24 HRS. Hours / Min.
M	COL.	WID.	25 June 1880	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tanner	Leather	Louisville, Kentucky	Yes

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		unk-	Mrs. Rachel VINES (Sister) 1912 W. Saratoga Balto., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) Arteriosclerotic Heart Disease	7 yrs
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) General arteriosclerosis	10 yrs
DUE TO	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19—, to apr. 9, 1955, that I last saw the deceased alive on —, 19—, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, stete)	DATE SIGNED
H. F. Manuzak		701 Edgelyn, Glen Burnie, Maryland	

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 13 55	Mt Carmel	Balto Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
4/13/55	Louis DeAlba	Isaac F. Brown Son	

* Note: This patient was under care of Dr. Jos. Taler of Glen Burnie, 102 W Monument St